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PRINTED: 05/17/2012

FORM APPROVED


OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445167	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/17/2012
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF CROSSVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 80 JUSTICE ST CROSSVILLE, TN 38555		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 250 SS=D	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to provide medically related social services for one (#3) of five residents reviewed.</p> <p>The findings included:</p> <p>Resident #3 was admitted to the facility on October 30, 2009, with diagnoses including Quadriplegia, Chronic Pain Syndrome, Muscle Spasms, and Chronic Urinary Tract Infections.</p> <p>Medical record review of the MDS dated February 27, 2012, revealed the resident had no memory problems, and was independent with daily decision making.</p> <p>Medical record review of the nursing notes dated May 3, 2012, revealed the resident had left the facility unattended to go to the Dollar General Market. Continued review of the nursing notes revealed the facility staff went to the Dollar General Market and assisted the resident back to the facility.</p> <p>Interview on May 16, 2012, at 4:15 p.m., with resident #3, in the resident's room, revealed the</p>	F 250	<p>F 250</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected:</p> <p>On 5/24/12, the Recreational Services Director talked with resident #3 regarding his preferences for outings. The Director of Recreational Service planned an outing with resident #3 for 5/25/12 (shopping) and 6/7/12 (movie).</p> <p>2. How will you identify other residents who have the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>By 5/29/12, the Social Service Director or assistant or Recreational Services Director or assistant will interview alert and orientated residents (or their responsible party) at risk for elopement to determine their preference for outings. Social Service department will coordinate with Recreation Department to schedule outings.</p>	5/25/2012	5/29/2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Executive Director

5-29-12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

MAY 30 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 250	Continued From page 1 resident would like to go to the movies, to Walmart, the Dollar General Market or to see the resident's son play baseball once a week. Continued interview revealed the facility staff had not asked the resident how often or where the resident would like to go. Interview on May 16, 2012, at 3:05 p.m., with Social Worker #1, in the activity office, revealed Social Worker #1 had discussed safety issues with resident #3 after May 3, 2012, when the resident went to the Dollar General Market unattended. Continued interview confirmed the facility had not assessed the resident for preferences or choices related to the resident's desire to go outside the facility weekly. Continued interview revealed "This is something we need to do to keep the resident busy." c/o #29755	F 250	<p>F 250</p> <p>3. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice will not recur?</p> <p>The Recreational Services Director or assistant will discuss resident preferences for outings at monthly Resident Council Meeting. If alert and orientated residents at risk for elopement do not attend the Resident Council Meeting, the Recreation Services Director or assistant or Social Service Director or assistant will discuss upcoming outings with them during the monthly Resident Council follow-up period. Social Service Director or assistant will conduct a monthly audit for three months of outing discussion at Resident Council Meeting and the follow-up with alert and orientated residents at risk for elopement to determine if residents' preferences are being honored as feasible.</p> <p>4. How will the corrective action(s) be monitored to ensure the deficient practice will not reoccur; i.e., what quality assurance program will be put into place.</p> <p>The Social Service Director or designee will review the outings audit and will report findings monthly times three months to the members of the Performance Improvement Committee including the Medical Director, Executive Director, Pharmacist, Director of Business Development, Business Office Manager, Director of Admissions, Director of Environmental Service, Director of Health Information, Director of Recreational Services, Director of Maintenance, Director of Social Services, and Staff Development Coordinator. They will review the findings, make recommendations, and make plans of action if any areas are found to be noncompliant.</p>	5/29/2012	

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